STATEMENT OF

PAGE 1 / 4 =

FORM 1								Office Use Only						
1. NAME OF COMMITTEE (ir	n full)	(Check	if name		ole:If typing ne lines.	, type	121	FE4M		iice Ose	Offiny			
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ADDRESS (number a	nd street)	LILLY CORPOR	RATE CENTE	:R	1 1 1	1 1 1	1 1 1	1 1	1 1	1 1	1 1	1 1	1 1	
(Check if a	address													
is changed	d)	INDIANAPOLIS	3				, IN		462	85				
		CITY ▲					STA	 ΓΕ ▲			ZIP (CODE 4		
COMMITTEE'S E-MA	VII ADDDE													
(Check if a		ادی LillyPAC@e	lectioncom	npliance.d	com									
is changed				•										
		Optional Secon	nd E-Mail Ad	ldress										
COMMITTEE'S WEB (Check if a is changed)	address	DRESS (URL)												
2. DATE 0			Y											
3. FEC IDENTIFIC	CATION NU	JMBER ▶	Cc	00082792										
4. IS THIS STATEM	MENT	NEW (N)	OR	×	AMEND	ED (A)								
I certify that I have e	examined th	is Statement and	to the best	t of my kno	owledge an	d belief i	t is true	, corre	ct and	compl	ete.			
Type or Print Name	of Treasure	r Kelly Wiggins F	² ayne											
Signature of Treasure	er <i>Kelly</i>	Wiggins Payne		[1	Electronically	Filed]	Date)8	12		20	15	
NOTE: Submission of		eous, or incomplet		-						penalti	es of 2	U.S.C.	§437g	
Office Use				For further information co Federal Election Commission Toll Free 800-424-9530										

Local 202-694-1100